**South Wairarapa Community Boards**

**Partnership Funding Request Form**

Funding of ongoing operational expenses is excluded from the [Grants Policy](https://swdc.govt.nz/governance/policies/) criteria except for those organisations that the Community Boards want to have a strategic ongoing relationship with. These organisations are likely to score highly in contributing to the community wellbeing of the ward.

This form may be used if you want one of the Community Boards to consider entering into a partnership funding arrangement with your organisation.

|  |
| --- |
| The **Featherston Community Board (FCB)** has a maximum limit of $500 unless special circumstances are considered to exist. Requests are considered at every meeting throughout the year.The **Greytown Community Board (GCB)** has a maximum limit of $1,000 unless special circumstances are considered to exist. Requests are considered quarterly. The **Martinborough Community Board (MCB)** has a maximum limit equal to half the total available grant pool in each of its two rounds. Grants are considered twice a year in August and February.GCB and MCB will consider requests at meetings outside their advertised funding rounds if exceptional circumstances are deemed to exist. Dispensation to apply should be sought from the chair of the board.Refer to the [grants page](https://swdc.govt.nz/community/grants/) on the SWDC website for the timetable for 2021/22.  |

1. **organisation details**

|  |  |
| --- | --- |
| Name of organisation: |  |
| Postal Address: |  |
| Street Address: |  |
| Purpose of Main Activity of Organisation: |  |

|  |
| --- |
| **Community Board you are applying to (select one)** |
| * Featherston Community Board
 | ⃝ |
| * Greytown Community Board
 | ⃝ |
| * Martinborough Community Board
 | ⃝ |
| Would you like to speak in support of your application at a Community Board meeting? | ⃝ Yes ⃝ No |

Note: Applicants are encouraged to apply to Council where the activity benefits more than one ward or the wider South Wairarapa community.

**2. operational funding overview**

Reason for requesting operational funding agreement:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
| Provide a brief summary of any successes/achievements of the organisation

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

 |

**Strategic Fit**

Explain how your organisation fits with the Greytown Community Board’s vision and priority areas as set out in the [board’s strategic plan](https://swdc.govt.nz/wp-admin/admin-ajax.php?action=wpmf_onedrive_business_download&id=01CTNIGYCKFH7KPHLIPZDZUTABPJH2VYV5&link=true&dl=0). ***Note: If applying to Martinborough or Featherston leave blank.***

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Benefits**

How many residents of the ward will benefit from the funding?

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**3. financials – budget for current financial year (you may attach separately)**

**Total Revenue/Income** $

Breakdown of above figure

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $**………………**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $**………………**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $**………………**

**Total Expenditure**

Breakdown of above figure

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $**………………**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $**………………**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $**………………**

**Budget Surplus/Deficit** $

**Outline any SWDC concessions you have received**

(e.g. building or property leases, reduction in hall hire fees)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount of funding requested**  $

|  |
| --- |
|  |
| **Funding history** |
| Have you applied to the Community Board or Council for funding before?  | ⃝ Yes ⃝ No  |
| If yes, to what funding body and how many times in the last 3 years? |  |
| If yes, when, for what purpose and how much was granted? |  |

|  |
| --- |
| **GST Registered**  |
| ⃝ Yes ⃝ No |
| **Bank account details (required for non GST registered applications only)** |
| **Name of bank:** |  |
| **Account name:** |  |
| **Account No:** |  |

If you are successful, your grant will be deposited into this account.

GST registered organisations will be asked to supply a tax invoice and GST will be added to grants approved for GST registered organisations.

**4. personal contact details**

Contact names of **two people** in your organisation or group to assist with further information if required.

One of these contacts **must** be the person who filled in the application form. Please note that consent must be obtained from the other person to provide these details as per the Privacy Act 1993.

|  |  |
| --- | --- |
| First contact person: |  |
| Address |  |
| Phone (day) |  | Email |  |
| Second contact person |  |
| Address: |  |
| Phone (day) |  | Email |  |

**5. declarations**

**Statement to comply with the Provisions of the Privacy Act 1993**

The personal information above is collected and will be held by SWDC for the purpose of considering your application for financial assistance. You have the right of access to, and correction of, personal information about you, that we hold.

**Authorisation**

* I certify that the information provided in this application form is true and correct to the best of my knowledge
* I have the authority to make the request on behalf of the organisation
* I confirm that a completed accountability form will be returned to SWDC within 12 months of the date of the grant being paid out, or prior to any future grant application being made
* I agree that any unspent funds will be returned to SWDC within one year of receipt unless there is prior agreement to carry over such funds.

|  |  |  |
| --- | --- | --- |
| Name: |  |  |
| Designation: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Signature: |  |

|  |
| --- |
| **Checklist** |
| * All questions have been answered
 | ⃝ |
| * The names of two contact people are provided
 | ⃝ |
| * Funding request form is signed
 | ⃝ |
| * Latest set of financial accounts (for applications over $5,000)
 | ⃝ |

**Please return the completed partnership request form to:**

Committee Advisor (Grants)

South Wairarapa District Council

PO Box 6

Martinborough 5741

Or email: **grants@swdc.govt.nz**

The request form must reach SWDC not less than ten days before the relevant Community Board is to consider an application.